International Journal of Surgery (2008) 6, 181–183

INTERNATIONAL JOURNAL OF SURGERY
www.theijs.com

EDITORIAL

Should organ donors be paid?

The number of patients requiring an organ transplant in the UK has increased by 9% during 2005–2006.[1] In the 2005–2006 activity summary report produced by the UK Transplant organisation, it was stated that 8315 patients were registered on a solid organ transplant list. Fig. 1 shows the number of patients on the active waiting list for a transplant at 31 March 2005 and 2006.

The demand for organs means that the number of organ donors has to increase. The current shortage of organs has led to some cases whereby patients have contracted with organ brokers to purchase organs such as kidneys from living donors. This is illegal in the majority of countries; therefore people may travel to the donor's home country for the transplantation.[3,4] A national audit conducted within the UK identified 23 patients who had committed such acts of renal transplantation against medical advice. The outcome of these transplants was that 35% of these patients died shortly after their return to the UK and a further 21% lost their kidneys. In the short term only 44% of these patients had successful outcomes.[5] This poses a matter of the ethics of post-transplantation care in the UK for someone who has had a transplant abroad against medical advice. A BBC report found that in China, organs from executed prisoners were in fact being sold to rich foreigners.[6] In addition a website www.matchingdonors.com exists. The website emerged in 2004, and functions by patients registering their details and awaiting positive responses from potential donors. This website claims to have more than 2100 registered potential donors and to have brokered 12 transplantations.[7] These are just three examples of the measures taken by some people in society to overcome the lengthy waiting times associated with organ transplants. In 1994, the World Medical Association banned incentive schemes because of reports of ''transplant tourism'', and the presence of an unregulated organ market which was thriving in developing countries. Both UK and US legislation prohibits the offering of financial incentives (the 1989 Human Organ Transplant Act and 1984 Uniform Anatomical Gift Act/National Organ Transplant Act, respectively).[8]

Organ donation is the gift of an organ to help someone who needs a transplant.[9] In my mind this definition immediately gives rise to the debate of payment to organ donors. Surely a gift is something that is given without the expectation of return?

National policies on organ donation

Let us consider the legal policies surrounding organ donation. In the UK, prior to the 1 September 2006, relatives of the deceased could override the decision of the deceased to donate their organs and tissue. Now, due to changes in the Human Tissue Act 2004, this is not so and relatives do not have the legal right to do so. It is the wishes of the deceased that take priority. Spain, Belgium and Austria operate an opt-out policy, sometimes referred to as 'presumed consent'. Implementation of this policy does vary, but in general, those individuals who object to donating their organs should state this on a national register. Those persons who do not register are automatically presumed to be eligible donors, unless their relatives explicitly object.[10] In Spain, a soft opt-out system is operated, whereby the relatives views' are considered, and they can refuse donation even if the deceased wanted to donate their organs. In Belgium the presumed consent legislation was passed in 1986.[10] One study showed that two similar transplant centres in Belgium (one in Leuven and one in Antwerp), showed staggering differences in the donation rate. The centre in Leuven adopted the presumed consent policy in line with the policy, and in three years, its donation rate increased from 15 to 40 donors per million. However, Antwerp did not change its policy and maintained its previous levels of organ donation.[10,11] In Austria, presumed consent became law in 1982. By 1990, the rates of donation had quadrupled, to the extent where the number of patients awaiting kidneys nearly equalled the number of kidney transplants performed.[10,12] It seems clear that the number of organs available for donation increases when policies such as presumed consent are put into place. However, the ever increasing demand for organs calls for other measures, the most apparent being organ donation from living donors. I am of the opinion that a system of presumed consent

1743-9191/$ - see front matter
doi:10.1016/j.ijsu.2007.05.005

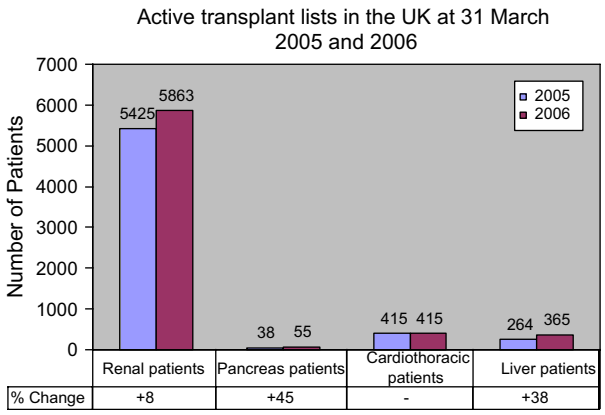

Figure 1 Active transplant lists in the UK at 31 March 2005 and 2006.[2]

would be beneficial. I feel that this may help to bring the general publics' consensus to that of all cadaveric donations being the 'norm', whilst allowing those who object to cadaveric donation explicitly stating so on a national register. If this scheme was put in place, perhaps we would not need to offer incentives for live organ donation, as the demand may be met through altruistic donation from cadaveric and living donors.

Organ donation from living donors

In the USA, payment for donation of bodily material such as hair, blood, sperm, eggs and uterus-hire for surrogate pregnancies is legal, so why shouldn't people receive payment for donating a kidney or lobes of their lungs?

The first point to consider is that families of deceased donors often consider organ donation as a way of giving meaning to the death of their loved ones, or, a way in which the departed ''lives on'' in others. Living donors, be it spouses or siblings, feel the personal reward of seeing their family member's health restored.[13] Both these examples are of voluntary donation, where people view their act to be charitable.

Lets now assess the benefits of legalising payment for organs. It is argued that the key benefit would be to those people from developing countries; exploitation of such people would be limited, providing such a law clearly stated that donors had to be legal residents of the recipient's country.[4] In 2002 the price of a woman's kidney in Bombay was said to be $1000, in the Philippines a male kidney was around $2000, and in Latin America in 2002, a kidney could be sold for over $10,000.[13] One can only imagine what small value is given to the donor themselves, in comparison to the brokers. In a cross-sectional survey conducted in February 2001 among 305 individuals who had sold a kidney in Chennai, India, the authors found that the average amount received by the donor for selling a kidney was $1070. The amount promised for selling a kidney averaged $1410 (range, $450—$6280), while the amount actually received averaged $1070 (range, $450—$2660). Both middlemen and clinics promised on average about one-third more than they actually paid.[14]

In another context, incentives or benefits for family members who consent to the donation of their departed loved ones has been considered.[15] The possibility of partial reimbursement of funeral expenses to the deceased donor's family has been discussed. A proposed programme in Pennsylvania, supported by The American Society of Transplant Surgeons, involved providing a small reimbursement sum of $300. This small value was meant to stress the purpose of the programme, which was to convey appreciation for the donation, as opposed to providing payment for it.[13] This programme was in fact halted due to concerns that the provision of funeral benefits violated federal law. A study in Pennsylvania was conducted shortly after this proposed programme, to find out what people thought about issues relating to such incentives and benefits. Out of the five types of benefits they were asked about (funeral benefits, charitable contributions, travel/lodging expenses, direct payment and medical expenses), it was found that direct payment received the lowest level of support.[15]

An ethical reappraisal on financial incentives for cadaver organ donation summarises the main reasons against payment for organs. The panel included ethicists, organ procurement organisation executives, physicians and surgeons. All were opposed to the exchange of money for cadaver organ donors, on the basis that monetary involvement dishonoured the spirit of altruism in organ donation and commercialised the value of human life.[15]

Taking this debate one step further, the topic of payment for blood donation is another important issue to consider. In New Zealand, changes in the blood transfusion service meant that essentially, it was required to be profit driven. A national trust was initiated in order to sustain the gift relationship and to ensure that there would be no profiteering in blood. However, costs associated with collecting, processing, and distributing blood products can be passed on to providers, who are later reimbursed.[16] Howden-Chapman et al. investigated the attitudes of blood donors to this change in service. The outcome was that over 50% of the 345 donors questioned, were in actual fact, opposed to profits being made from blood. An astounding 41% were of the standing that they would no longer give blood if profits were made from selling blood products.[17]

The investigations discussed have focussed on certain groups of people, however, the overall opinions derived from these people, perhaps may reflect a broader view within society — the donation of blood and organs, are a gift, and furthermore human life should not be commercialised.

In conclusion, attempts to increase the number of organs available for transplantation will continue as the challenge of a demand and supply mismatch grows. Perhaps appropriate guidance and consequent legislation to manage the sale of organs through an official regulatory body should be next on the agenda for governments and transplant organisations worldwide. Or do we, as a society accept organ donation to be altruistic in nature, and, consequently forbid any financial involvement in this matter?

References

1. Collett D. *Summary of activity*. UK: NHS — UK Transplant; 2006.
2. Collett D. *Transplant activity in the UK: 2005—2006*. UK: NHS — Blood and Transplant; 2006.

3. Pancevski B. Bulgarian hospital admits role in illegal transplants. *Lancet* 2006;**367**(9509):461.
4. Friedman AL. Payment for living organ donation should be legalised. *BMJ* 2006;**333**(7571):746—8.
5. Inston NG, Gill D, Al-Hakim A, Ready AR. Living paid organ transplantation results in unacceptably high recipient morbidity and mortality. *Transplant Proc* 2005;**37**(2):560—2.
6. Siddle J. *Global demand fuels human organ trade*. UK: BBC News, <http://news.bbc.co.uk/1/hi/world/asia-pacific/1412348.stm>; 2006 [accessed 01.10.06].
7. Truog RD. The ethics of organ donation by living donors. *N Engl J Med* 2005;**353**(5):444—6.
8. Haddow G. ''Because you're worth it?'' the taking and selling of transplantable organs. *J Med Ethics* 2006;**32**(6):324—8.
9. NHS. *NHS direct — health encyclopaedia: organ donation*. UK: NHS, http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId = 562§ionId = 20849; 2006 [accessed 15/10].
10. Gundle K. Presumed consent for organ donation: perspectives of health policy specialists. *Stanford Undergraduate Research Journal, Spring* 2004.
11. Kennedy I, Sells RA, Daar AS, Guttmann RD, Hoffenberg R, Lock M. The case for ''presumed consent'' in organ donation. International forum for transplant ethics. *Lancet* 1998;**351**(9116):1650—2.
12. Quarmby K, Macnair T. Should the UK change to an opt-out system? UK: BBC Health, http://www.bbc.co.uk/health/donation/factfilesod_comparisons.shtml; [accessed 01.10.06].
13. Delmonico FL, Arnold R, Scheper-Hughes N, Siminoff LA, Kahn J, Youngner SJ. Ethical incentives — not payment — for organ donation. *N Engl J Med* 2002;**346**(25):2002—5.
14. Goyal M, Mehta BL, Schneiderman LJ, Sehgal AR. Economic and health consequences of selling a kidney in India. *JAMA* 2002;**288**:1589—93.
15. Bryce CL, Siminoff LA, Ubel PA, Nathan H, Caplan A, Arnold RM. Do incentives matter? Providing benefits to families of organ donors. *Am J Transplant* 2005;**5**(12):2999—3008.
16. Howden-Chapman P, Carter J, Woods N. Blood money: blood donors' attitudes to changes in the New Zealand blood transfusion service. *BMJ* 1996;**312**(7039):1131—2.
17. Oakley A. Blood donation — altruism or profit? *BMJ* 1996;**312**(7039):1114.

Jaish Kumar Puri
Medical and Dental Registry,
2nd Floor, Henriette Raphael House,
Guy's Campus, London Bridge,
London SE1 1UL, UK
Tel.: +44 7886 027181
E-mail address: jaish.puri@kcl.ac.uk

Available online 18 May 2007